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Client: 50588	Matter: 74
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Date: May 30, 2006

No. of Pages (including this cover): 23

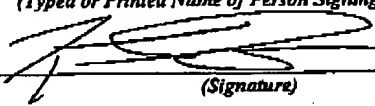
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COMMENTS:

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 50588/74
Applicant(s): Thomas P. McKenna			
Application No. 09/966,566	Filing Date September 26, 2001	Examiner Son P. Hyunh	Group Art Unit 2611
Invention: SYSTEM AND METHOD FOR PROVIDING SUPPLEMENTAL INFORMATION RELATED TO A TELEVISION PROGRAM			
			RECEIVED CENTRAL FAX CENTER MAY 30 2006
<p>I hereby certify that this <u>Amendment and Amendment Transmittal Letter</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(571) 273-8300</u>) on <u>May 30, 2006</u> (Date)</p> <p><u>Kory D. Christensen</u> (Typed or Printed Name of Person Signing Certificate)  (Signature)</p> <p>Note: Each paper must have its own certificate of mailing.</p>			

P18/REV02

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 50588/74	
Applicant(s): Thomas P. McKenna						
Application No. 09/966,566	Filing Date September 26, 2001	Examiner Son P. Huynh	Customer No. 32641	Group Art Unit 2611	Confirmation No. 7438	
Invention: SYSTEM AND METHOD FOR PROVIDING SUPPLEMENTAL INFORMATION RELATED TO A TELEVISION PROGRAM						
<u>COMMISSIONER FOR PATENTS:</u>					RECEIVED CENTRAL FAX CENTER MAY 30 2006	
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	34 -	53 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	6 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 502375 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: 5/30/06			
Kory D. Christensen Attorney Registration No. 43,548 STOEL RIVES LLP One Utah Center 201 S. Main Street, Suite 1100 Salt Lake City, Utah 84111 Phone: (801) 328-3131 Facsimile: (801) 578-6999			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence _____			
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P11LARGE/REV09

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Docket No. 50588/74 (formerly 4000.2.74)
Digeo Ref. 50.4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Confirmation No. 7438

Thomas P. McKenna

Application No. 09/966,566

Filed: September 26, 2001

For: **SYSTEM AND METHOD FOR
PROVIDING SUPPLEMENTAL
INFORMATION RELATED TO A
TELEVISION PROGRAM**

Group Art Unit: 2611

Examiner: Son P. Huynh

Date: May 30, 2006

Customer No. 32641

AMENDMENT AND RESPONSE

TO THE COMMISSIONER FOR PATENTS:

In response to the Office Action mailed February 28, 2006, please amend the above-identified patent application as follows.

Amendments to the Claims are reflected in the **Listing of Claims** that begins on page 2 of this paper.

Remarks begin on page 14 of this paper.